

<i>SERFF Tracking Number:</i>	<i>AOIC-125765188</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DV7-AR-99-08/07/2008-55393</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability</i>		
<i>Project Name/Number:</i>	<i>DV7/55393</i>		

## Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company		
Product Name: Professional Liability	SERFF Tr Num: AOIC-125765188	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: DV7-AR-99-08/07/2008-55393	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending	Reviewer(s): Betty Montesi, Edith Roberts
	Authors: Claudia Stewart, Drew Westen	Disposition Date: 09/04/2008
	Date Submitted: 08/14/2008	Disposition Status: Approved
Effective Date Requested (New): 09/14/2008		Effective Date (New):
Effective Date Requested (Renewal): 09/14/2008		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: DV7	Status of Filing in Domicile: Authorized
Project Number: 55393	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/04/2008	
State Status Changed: 09/04/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
FORM FILING: 55393 (05-08) - Audiological Professional Liability Coverage	

Form Attaches To: Commercial General Liability Coverage Form

SERFF Tracking Number: AOIC-125765188 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: DV7-AR-99-08/07/2008-55393  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Professional Liability  
Project Name/Number: DV7/55393

Use: Provides Professional Liability for Audiologists.

Revisions to the form include: Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after September 14, 2008.

If you have any questions, please feel free to contact one of the following:

Manager:

HEARD G. SLADE, MANAGER  
TAILORED PROTECTION POLICY UNDERWRITING-SOUTH  
SLADE.HEARD@AOINS.COM (emails without attachments)  
commmlinesund@aoins.net (emails with attachments)  
517-323-1477

Underwriter:

DAN KNESER  
KNESER.DAN@AOINS.COM  
(517) 327-4841

## Company and Contact

### Filing Contact Information

Heard Slade, Manager  
PO Box 30660  
Lansing, MI 48909-8160  
slade.heard@aoins.com  
(800) 346-0346 [Phone]  
(517) 391-1903[FAX]

### Filing Company Information

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan

State: *Arkansas*

*State Tracking Number:* EFT \$50

Company Tracking Number: DV7-AR-99-08/07/2008-55393

TOL: 17.0 Other Liability - Claims Made/Occurrence Sub-TOL:

*17.0019 Professional Errors & Omissions  
Liability*

Product Name: Professional Liability

Project Name/Number: DV7/55393

P.O. Box 30660  
Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

Group Code: 280  
Group Name: Auto-Owners Ins  
Group  
FEIN Number: 38-0315280

Company Type: PC  
State ID Number:

Owners Insurance Company  
P.O. Box 30660  
Lansing, MI 48909-8160

(800) 346-0346 ext. [Phone]

CoCode: 32700  
Group Code: 280  
Group Name: Auto-Owners Ins  
Group  
FEIN Number: 34-1172650

State of Domicile: Ohio  
Company Type: PC  
State ID Number:

*SERFF Tracking Number:* AOIC-125765188 *State:* Arkansas  
*First Filing Company:* Auto-Owners Insurance Company, ... *State Tracking Number:* EFT \$50  
*Company Tracking Number:* DV7-AR-99-08/07/2008-55393  
*TOI:* 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions Liability  
*Product Name:* Professional Liability  
*Project Name/Number:* DV7/55393

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	08/14/2008	21940110
Owners Insurance Company	\$0.00	08/14/2008	

SERFF Tracking Number:	AOIC-125765188	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	DV7-AR-99-08/07/2008-55393		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0019 Professional Errors & Omissions Liability
Product Name:	Professional Liability		
Project Name/Number:	DV7/55393		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/04/2008	09/04/2008

SERFF Tracking Number: AOIC-125765188 State: Arkansas  
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: DV7-AR-99-08/07/2008-55393  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
Product Name: Professional Liability  
Project Name/Number: DV7/55393

## Disposition

Disposition Date: 09/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

*SERFF Tracking Number:*      *AOIC-125765188*      *State:*      *Arkansas*  
*First Filing Company:*      *Auto-Owners Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *DV7-AR-99-08/07/2008-55393*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Professional Liability*  
*Project Name/Number:*      *DV7/55393*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Audiological Professional Liability Coverage	Approved	Yes

SERFF Tracking Number: AOIC-125765188 State: Arkansas  
 First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: DV7-AR-99-08/07/2008-55393  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
 Product Name: Professional Liability  
 Project Name/Number: DV7/55393

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Audiological Professional Liability Coverage	55393	05-08	Endorsement/Amendment/Conditions		0.00	55393 (05-08).pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AUDIOLOGICAL PROFESSIONAL LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

The coverage for "bodily injury" and "property damage" with respect to the insured's operation at the premises shown in the Declarations is extended as follows:

- 1.** We will pay those sums the insured becomes legally obligated to pay as damages for "bodily injury" or "property damage":
  - a.** Caused by an "occurrence";
  - b.** That takes place in the "coverage territory"; and
  - c.** That occurs during the policy period

arising out of the rendering of or the failure to render "professional audiological services" by:

- a.** The insured; or
- b.** A person for whose acts the insured is legally liable.

This includes services by the insured as a member of a formal accreditation or similar professional board or committee.

- 2.** Such damages, including continuous and repeated exposure to the same general harmful conditions, shall be deemed to have been caused by an "occurrence".

- 3.** This extension is subject to the following:

- a.** We do not cover any "bodily injury" or "property damage":
  - (1)** Expected or intended from the standpoint of the insured;
  - (2)** Arising out of the performance of a criminal act; or
  - (3)** Caused by a person under the influence of intoxicants or drugs.

- b.** The coverage provided by this endorsement is subject to a separate occurrence and aggregate limit which:
  - (1)** Are shown in the Declarations; and
  - (2)** Are the most we will pay for all damages for the "bodily injury" and "property damage" covered under this endorsement for any one policy period.

- 4.** The following definition is added to **SECTION V - DEFINITIONS**:

"Professional audiological services" means services provided by a licensed health care professional who diagnoses, evaluates and treats:

- a.** Hearing disorders;
- b.** Balance problems; and
- c.** Communication problems.

"Professional audiological services" does not include any services provided by a licensed physician.

All other policy terms and conditions apply.

<i>SERFF Tracking Number:</i>	<i>AOIC-125765188</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DV7-AR-99-08/07/2008-55393</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Professional Liability</i>		
<i>Project Name/Number:</i>	<i>DV7/55393</i>		

## Rate Information

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *AOIC-125765188*      *State:*      *Arkansas*  
*First Filing Company:*      *Auto-Owners Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *DV7-AR-99-08/07/2008-55393*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0019 Professional Errors & Omissions Liability*  
  
*Product Name:*      *Professional Liability*  
*Project Name/Number:*      *DV7/55393*

## Supporting Document Schedules

**Satisfied -Name:**      Uniform Transmittal Document-Property & Casualty      **Review Status:**      Approved      09/04/2008

**Comments:**

**Attachments:**

55393 AR Trans 1.pdf  
55393 AR Trans 2.pdf  
55393 AR Trans 3.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/08)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use Only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

<b>5. Company Tracking Number</b>
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Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Heard G. Slade, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-323-1417 800-346-0346 Ext. 1417	(517) 391-1903	SLADE.HEARD@AOINS.COM

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Heard G. Slade

Filing Information (see general instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0000 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	General Liability
<b>13. Filing Type</b>	FORM
<b>14. Effective Date(s) Requested</b>	September 14, 2008
<b>15. Reference Filing?</b>	No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization #</b>	
<b>18. Company's Date of Filing</b>	August 15, 2008
<b>19. Status of filing in domicile</b>	Michigan- Exempt

## Property and Casualty Transmittal Document-

20. **This filing transmittal is part of Company Tracking #**

21. **Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

**FORM FILING:** 55393 (05-08) - Audiological Professional Liability Coverage

Form Attaches To:

Commercial General Liability Coverage Form

**Use:** Provides Professional Liability for Audiologists.

**Revisions to the form include:**

Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after September 14, 2008.

If you have any questions, please feel free to contact one of the following:

**Manager:**

HEARD G. SLADE, MANAGER  
TAILORED PROTECTION POLICY UNDERWRITING-SOUTH  
SLADE.HEARD@AOINS.COM (emails without attachments)  
commmlinesund@aoins.net (emails with attachments)  
517-323-1477

**Underwriter:**

DAN KNESER  
KNESER.DAN@AOINS.COM  
(517) 327-4841

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:**

**Amount:**

**Calculation:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

# FORM FILING SCHEDULE

Ed. 01/05

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) **Arkansas**

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number	

3.	Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01	Audiological Professional Liability Coverage	55393 (05-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
02			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
03			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
04			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
05			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
06			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
07			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
08			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
09			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)